

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09804586</div>	FILING DATE
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	3							
TOTAL DEP.	17							
TOTAL CLAIMS	20							
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS								

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